

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Group Art Unit: 1656
)	
Poulose)	Examiner: Moore, William W.
)	
Serial No.: 10/500,936)	Confirmation No. 1489
)	
Filed: March 25, 2005)	
)	
For: Multiply-Substituted Protease)	
Variants)	

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following extension of time is requested to respond to the Final Office Action mailed October 29, 2007:

one month to _____; the extension fee is \$120.00.
two months to _____; the extension fee is \$460.00.
three months to April 29, 2008; the extension fee is \$1,050.00.
four months to _____; the extension fee is \$1,640.00.
five months to _____; the extension fee is \$2,230.00.

The extended time for response does not exceed the statutory period.

[] The shortened statutory period has been reset by an Advisory Action dated _____.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R.

§§ 1.16 and 1.17 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 07-1048 (Docket No. GC717-2-US).

Respectfully submitted,

Dated: May 21, 2008

/Kamrin T. MacKnight/
Kamrin T. MacKnight,
Reg. No. 38,230

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GC717-2-US EOT

Adjustment Date: 06/23/2008 CKH/LK
05/22/2008 Intfsw 60064995 071048
03 FC:1253 10500936
1050.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/20/08</u>		2 Serial/Patent # <u>10500936</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
✓	Amendment			\$
✓	Extension of Time	—	5/21/08	\$ 1050.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 1050.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #: 9		
	Duplicate Payment	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"> 07--1048 </div>		
✓	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pat Exr</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23200</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>6/23/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: